SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TILMIZED INDEFENDENT EXPENDITORE | 3 | | | FOR LINE 24 OF FORM 3X | |
|--|----------------------|-------------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | |
| MOVEON.ORG POLITICAL ACTION | | | | C C00341396 | |
| | | | | | |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | M = M / D = D / Y = Y = Y | |
| Full Name of Payee | | | Item Da | te of Public Distribution/Dissemination | |
| Mailing Address 1090 Vermont Ave, NW | | | | 10 18 2018 | |
| Suite 300 | | | | ount | |
| City State Zip Code | | | | 82.10 | |
| Washington | DC | 20005 | | ansaction ID : SE.28225 te of Disbursement or Obligation | |
| Purpose of Expenditure Phone calls | | Category/ Type | | 10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate: | | ✗ Support | Office So | ught: X House District: 01 | |
| PUREVAL, AFTAB, , , | | Oppose | Pre | sident Senate State: OH | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 1288.32 | Disbursen 2018 | nent For: Primary | |
| Full Name of Payee | | | Item Da | te of Public Distribution/Dissemination | |
| Solidarity Strategies LLC | | | | 10 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 1090 Vermont Ave, NW | | | Am | ount | |
| Suite 300 | State | Zip Code | — г | 41.20 | |
| Washington | DC | 20005 | | Transaction ID : SE.28236 Date of Disbursement or Obligation | |
| Purpose of Expenditure Phone Calls | - | Category/ Type | | 10 / 18 / 2018 | |
| Name of Federal Candidate: | | ✗ Support | Office So | ught: X House District: 32 | |
| ALLRED, COLIN, , , | | Oppose | Pre | sident Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | 1697.07 | Disbursen 2018 | nent For: Primary | |
| | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (c) TOTAL Independent Expenditures | | | • | | |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorized | • | | • | |
| Matzzie, Tom, , , | [Electronically File | ed] Date | e 12 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Signature | • | _ Date | 12 | 20,0 | |